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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PD-02W054

First Named Inventor

THOMAS L. OBERT

COMPLETE IF KNOWN

Application Number

Filing Date

HEREWITH

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD USING WAVEFRONT PHASE MEASUREMENTS TO
DETERMINE GEOMETRICAL RELATIONSHIPS***(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


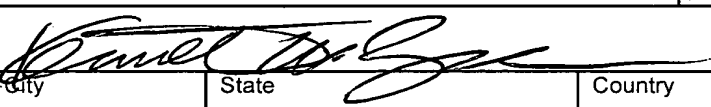
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input type="checkbox"/> Correspondence address below	
Name THOMAS J. FINN, ESQ., RAYTHEON COMPANY					
Address EO/E4/N119, 2000 E. EL SEGUNDO BLVD.					
City EL SEGUNDO,			State CA.		ZIP 90245
Country USA		Telephone 520-794-7980		Fax 520-794-3268	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) THOMAS L.			Family Name or Surname OBERT		
Inventor's Signature 				Date 3-29-04	
Residence: City POMONA		State CA.		Country USA	
Citizenship US					
Mailing Address 1859 WAYNE ST.					
City POMONA		State CA.		ZIP 91767	
Country USA					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) KENNETH W.			Family Name or Surname BROWN		
Inventor's Signature 				Date 3/29/04	
Residence: City YUCAIPA		State CA		Country USA	
Citizenship US					
Mailing Address 12425-15TH STREET					
City YUCAIPA		State CA.		ZIP 92399-1785	
Country USA					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ALAN A.				RATTRAY			
Inventor's Signature	<i>Alan A Rattray</i>					Date	3-29-04
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Post Office Address	5885 CEDAR MOUNTAIN DRIVE						
Post Office Address							
City	ALTA LOMA	State	CA	ZIP	91737-7840	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JOHN				GERSTENBERG			
Inventor's Signature	<i>John W. Gerstenberg</i>					Date	3-29-04
Residence: City	LAKE ELSINORE	State	CA	Country	USA	Citizenship	US
Post Office Address	29001 34500 12900 EDGEWATER STREET Court						
Post Office Address							
City	LAKE ELSINORE	State	CA	ZIP	92530-1231	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JAMES R.				GALLIVAN			
Inventor's Signature	<i>James R Gallivan</i>					Date	March 29 2004
Residence: City	POMONA	State	CA	Country	USA	Citizenship	US
Post Office Address	206 LINCOLN AVENUE						
Post Office Address							
City	POMONA	State	CA	ZIP	91767-3928	Country	USA

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